

Exhibit E - Summary of Total Requested Expenditure by Service Group

| FY 2013-14 | Adults 65 and Older (OAP-A) | Disabled Adults 60 to 64 (OAP-B) | Disabled Individuals to 59 (AND/AB) | Disabled Buy-in | Categorically Eligible Low-Income Adults (AFDC-A) | Expansion Adults to 60% FPL | Expansion Adults to 133% FPL | Adults without Dependent Children (AwDC) | Breast & Cervical Cancer Program | Eligible Children (AFDC-C/BC) | Foster Care | Baby Care Program-Adults | Non-Citizens Emergency Services | Partial Dual Eligibles | TOTAL |
|-----------------------------------------|-----------------------------|----------------------------------|-------------------------------------|-----------------|---------------------------------------------------|-----------------------------|------------------------------|------------------------------------------|----------------------------------|-------------------------------|--------------|--------------------------|---------------------------------|------------------------|-----------------|
| Acute Care | \$108,898,310 | \$81,528,270 | \$597,338,963 | \$19,518,672 | \$293,051,957 | \$86,348,394 | \$126,428,454 | \$406,609,469 | \$7,390,131 | \$629,583,423 | \$57,924,994 | \$92,005,596 | \$48,102,967 | \$9,264,807 | \$2,563,994,407 |
| Community Based Long-Term Care | | | | | | | | | | | | | | | |
| Base CBLTC | \$150,076,075 | \$29,724,183 | \$171,051,142 | \$56,915 | \$9,702 | \$10,598 | \$47,611 | \$9,273 | \$0 | \$20,368 | \$82,810 | \$0 | \$0 | \$264,881 | \$351,353,558 |
| Hospice | \$33,378,495 | \$3,047,869 | \$6,749,473 | \$286,833 | \$126,081 | \$59,269 | \$116,424 | \$808,595 | \$0 | \$40,753 | \$0 | \$0 | \$0 | \$44,087 | \$44,657,879 |
| Private Duty Nursing | \$2,839,735 | \$673,863 | \$29,755,718 | \$22,378 | \$0 | \$0 | \$0 | \$0 | \$0 | \$1,387,605 | \$10,128,170 | \$0 | \$0 | \$0 | \$44,807,469 |
| Subtotal CBLTC | \$186,294,305 | \$33,445,915 | \$207,556,333 | \$366,126 | \$135,783 | \$69,867 | \$164,035 | \$817,868 | \$0 | \$1,448,726 | \$10,210,980 | \$0 | \$0 | \$308,968 | \$440,818,906 |
| Long-Term Care | | | | | | | | | | | | | | | |
| Class I Nursing Facilities | \$432,689,336 | \$36,797,470 | \$81,184,183 | \$0 | \$0 | \$0 | \$0 | \$12,863 | \$0 | \$0 | \$0 | \$0 | \$0 | \$257,861 | \$550,941,713 |
| Class II Nursing Facilities | \$180,939 | \$701,527 | \$3,486,102 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$4,368,568 |
| PACE | \$98,826,559 | \$11,295,046 | \$5,326,663 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$115,448,268 |
| Subtotal Long-Term Care | \$531,696,834 | \$48,794,043 | \$89,996,948 | \$0 | \$0 | \$0 | \$0 | \$12,863 | \$0 | \$0 | \$0 | \$0 | \$0 | \$257,861 | \$670,758,549 |
| Insurance | | | | | | | | | | | | | | | |
| Supplemental Medicare Insurance Benefit | \$69,560,766 | \$4,249,351 | \$37,296,791 | \$0 | \$250,466 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$21,589,148 | \$132,946,522 |
| Heath Insurance Buy-In | \$4,692 | \$2,685 | \$2,216,774 | \$0 | \$10,717 | \$0 | \$0 | \$0 | \$0 | \$8,626 | \$3,097 | \$0 | \$0 | \$0 | \$2,246,591 |
| Subtotal Insurance | \$69,565,458 | \$4,252,036 | \$39,513,565 | \$0 | \$261,183 | \$0 | \$0 | \$0 | \$0 | \$8,626 | \$3,097 | \$0 | \$0 | \$21,589,148 | \$135,193,113 |
| Service Management | | | | | | | | | | | | | | | |
| Single Entry Points | \$11,832,452 | \$3,026,012 | \$14,095,511 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$28,953,975 |
| Disease Management | \$35,471 | \$42,476 | \$308,207 | \$10,914 | \$289,371 | \$84,410 | \$112,162 | \$77,832 | \$191 | \$161,084 | \$56,340 | \$92,258 | \$1,060 | \$9,264 | \$1,281,040 |
| Prepaid Inpatient Health Plan | \$1,281,482 | \$647,207 | \$5,558,682 | \$75,484 | \$8,892,558 | \$3,932,818 | \$5,431,564 | \$3,649,244 | \$0 | \$46,559,248 | \$2,157,785 | \$683,321 | \$0 | \$0 | \$78,869,393 |
| Subtotal Service Management | \$13,149,405 | \$3,715,695 | \$19,962,400 | \$86,398 | \$9,181,929 | \$4,017,228 | \$5,543,726 | \$3,727,076 | \$191 | \$46,720,332 | \$2,214,125 | \$775,579 | \$1,060 | \$9,264 | \$109,104,408 |
| Medical Services Total | \$909,604,312 | \$171,735,959 | \$954,368,209 | \$19,971,196 | \$302,630,852 | \$90,435,489 | \$132,136,215 | \$411,167,276 | \$7,390,322 | \$677,761,107 | \$70,353,196 | \$92,781,175 | \$48,104,027 | \$31,430,048 | \$3,919,869,383 |
| Caseload | 41,746 | 9,695 | 64,762 | 1,831 | 78,948 | 31,502 | 52,498 | 74,018 | 480 | 404,412 | 17,672 | 9,769 | 2,660 | 23,257 | 813,250 |
| Medical Services Per Capita | \$21,789.02 | \$17,713.87 | \$14,736.55 | \$10,907.26 | \$3,833.29 | \$2,870.79 | \$2,516.98 | \$5,554.96 | \$15,396.50 | \$1,675.92 | \$3,981.05 | \$9,497.51 | \$18,084.22 | \$1,351.42 | \$4,820.01 |
| Financing | \$201,735,480 | \$38,088,250 | \$211,663,386 | \$4,429,287 | \$67,118,613 | \$20,057,124 | \$29,305,669 | \$91,190,232 | \$1,639,054 | \$150,316,418 | \$15,603,198 | \$20,577,359 | \$10,668,693 | \$6,970,675 | \$869,363,438 |
| Grand Total Medical Services Premiums | \$1,111,339,792 | \$209,824,209 | \$1,166,031,595 | \$24,400,483 | \$369,749,465 | \$110,492,613 | \$161,441,884 | \$502,357,508 | \$9,029,376 | \$828,077,525 | \$85,956,394 | \$113,358,534 | \$58,772,720 | \$38,400,723 | \$4,789,232,821 |
| Total Per Capita | \$26,621.47 | \$21,642.52 | \$18,004.87 | \$13,326.32 | \$4,683.46 | \$3,507.48 | \$3,075.20 | \$6,786.96 | \$18,811.20 | \$2,047.61 | \$4,863.99 | \$11,603.90 | \$22,095.01 | \$1,651.15 | \$5,889.00 |

Exhibit E - Summary of Total Requested Expenditure by Service Group

| FY 2014-15 | Adults 65 and Older (OAP-A) | Disabled Adults 60 to 64 (OAP-B) | Disabled Individuals to 59 (AND/AB) | Disabled Buy-in | Categorically Eligible Low-Income Adults (AFDC-A) | Expansion Adults to 60% FPL | Expansion Adults to 133% FPL | Adults without Dependent Children (AwDC) | Breast & Cervical Cancer Program | Eligible Children (AFDC-C/BC) | Foster Care | Baby Care Program-Adults | Non-Citizens Emergency Services | Partial Dual Eligibles | TOTAL |
|------------------------------------------------|------------------------------------|-----------------------------------------|--------------------------------------------|------------------------|----------------------------------------------------------|------------------------------------|-------------------------------------|-------------------------------------------------|---------------------------------------------|--------------------------------------|---------------------|---------------------------------|----------------------------------------|-------------------------------|------------------------|
| Acute Care | \$115,762,056 | \$85,867,680 | \$605,959,611 | \$27,649,642 | \$316,360,252 | \$93,234,088 | \$162,604,060 | \$912,773,044 | \$615,844 | \$647,931,621 | \$57,710,205 | \$93,982,959 | \$51,685,012 | \$10,763,350 | \$3,182,899,424 |
| Community Based Long-Term Care | | | | | | | | | | | | | | | |
| <i>Base CBLTC</i> | \$162,070,406 | \$32,099,789 | \$184,721,835 | \$61,464 | \$10,477 | \$11,445 | \$51,416 | \$10,014 | \$0 | \$21,995 | \$89,429 | \$0 | \$0 | \$286,051 | \$379,434,321 |
| <i>Hospice</i> | \$33,071,519 | \$3,166,737 | \$6,839,627 | \$393,236 | \$132,088 | \$61,534 | \$141,651 | \$1,749,276 | \$0 | \$43,387 | \$0 | \$0 | \$0 | \$46,983 | \$45,646,038 |
| <i>Private Duty Nursing</i> | \$3,073,587 | \$733,357 | \$32,472,087 | \$24,424 | \$0 | \$0 | \$0 | \$0 | \$0 | \$1,523,003 | \$10,847,583 | \$0 | \$0 | \$0 | \$48,674,041 |
| <i>Subtotal CBLTC</i> | \$198,215,512 | \$35,999,883 | \$224,033,549 | \$479,124 | \$142,565 | \$72,979 | \$193,067 | \$1,759,290 | \$0 | \$1,588,385 | \$10,937,012 | \$0 | \$0 | \$333,034 | \$473,754,400 |
| Long-Term Care | | | | | | | | | | | | | | | |
| <i>Class I Nursing Facilities</i> | \$437,431,747 | \$37,200,782 | \$82,073,988 | \$0 | \$0 | \$0 | \$0 | \$13,004 | \$0 | \$0 | \$0 | \$0 | \$0 | \$260,688 | \$556,980,209 |
| <i>Class II Nursing Facilities</i> | \$180,939 | \$715,558 | \$3,555,824 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$4,452,321 |
| <i>PACE</i> | \$112,110,895 | \$13,115,342 | \$6,183,550 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$131,409,787 |
| <i>Subtotal Long-Term Care</i> | \$549,723,581 | \$51,031,682 | \$91,813,362 | \$0 | \$0 | \$0 | \$0 | \$13,004 | \$0 | \$0 | \$0 | \$0 | \$0 | \$260,688 | \$692,842,317 |
| Insurance | | | | | | | | | | | | | | | |
| <i>Supplemental Medicare Insurance Benefit</i> | \$75,866,911 | \$4,809,012 | \$41,165,843 | \$0 | \$285,798 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$25,059,320 | \$147,186,884 |
| <i>Health Insurance Buy-In</i> | \$10,839 | \$6,202 | \$5,120,796 | \$0 | \$24,756 | \$0 | \$0 | \$0 | \$0 | \$19,927 | \$7,154 | \$0 | \$0 | \$0 | \$5,189,674 |
| <i>Subtotal Insurance</i> | \$75,877,750 | \$4,815,214 | \$46,286,639 | \$0 | \$310,554 | \$0 | \$0 | \$0 | \$0 | \$19,927 | \$7,154 | \$0 | \$0 | \$25,059,320 | \$152,376,558 |
| Service Management | | | | | | | | | | | | | | | |
| <i>Single Entry Points</i> | \$12,215,823 | \$3,236,925 | \$14,873,583 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$30,326,331 |
| <i>Disease Management</i> | \$35,471 | \$42,476 | \$308,207 | \$10,914 | \$289,371 | \$84,410 | \$112,162 | \$77,832 | \$0 | \$161,084 | \$56,340 | \$92,258 | \$1,060 | \$9,264 | \$1,280,849 |
| <i>Prepaid Inpatient Health Plan</i> | \$1,071,461 | \$650,208 | \$5,839,763 | \$96,345 | \$10,099,658 | \$4,466,458 | \$6,195,385 | \$6,390,000 | \$0 | \$50,880,232 | \$2,328,944 | \$731,925 | \$0 | \$0 | \$88,750,379 |
| <i>Subtotal Service Management</i> | \$13,322,755 | \$3,929,609 | \$21,021,553 | \$107,259 | \$10,389,029 | \$4,550,868 | \$6,307,547 | \$6,467,832 | \$0 | \$51,041,316 | \$2,385,284 | \$824,183 | \$1,060 | \$9,264 | \$120,357,559 |
| Medical Services Total | \$952,901,654 | \$181,644,068 | \$989,114,714 | \$28,236,025 | \$327,202,400 | \$97,857,935 | \$169,104,674 | \$921,013,170 | \$615,844 | \$700,581,249 | \$71,039,655 | \$94,807,142 | \$51,686,072 | \$36,425,656 | \$4,622,230,258 |
| Caseload | 42,815 | 10,317 | 67,216 | 2,571 | 84,712 | 33,498 | 65,420 | 164,004 | - | 440,971 | 17,971 | 10,086 | 2,715 | 25,385 | 967,681 |
| Medical Services Per Capita | \$22,256.26 | \$17,606.29 | \$14,715.47 | \$10,982.51 | \$3,862.53 | \$2,921.31 | \$2,584.91 | \$5,615.80 | \$0.00 | \$1,588.72 | \$3,953.02 | \$9,399.88 | \$19,037.23 | \$1,434.93 | \$4,776.61 |
| Financing | \$181,943,431 | \$34,682,430 | \$188,857,816 | \$5,391,280 | \$62,474,787 | \$18,684,623 | \$32,288,206 | \$175,854,765 | \$117,587 | \$133,766,329 | \$13,564,043 | \$18,102,116 | \$9,868,743 | \$6,954,977 | \$882,551,133 |
| Grand Total Medical Services Premiums | \$1,134,845,085 | \$216,326,498 | \$1,177,972,530 | \$33,627,305 | \$389,677,187 | \$116,542,558 | \$201,392,880 | \$1,096,867,935 | \$733,431 | \$834,347,578 | \$84,603,698 | \$112,909,258 | \$61,554,815 | \$43,380,633 | \$5,504,781,391 |
| Total Per Capita | \$26,505.78 | \$20,967.97 | \$17,525.18 | \$13,079.47 | \$4,600.02 | \$3,479.09 | \$3,078.46 | \$6,688.06 | \$0.00 | \$1,892.07 | \$4,707.79 | \$11,194.65 | \$22,672.12 | \$1,708.91 | \$5,688.63 |

Exhibit E - Summary of Total Requested Expenditure by Service Group

| FY 2015-16 | Adults 65 and Older (OAP-A) | Disabled Adults 60 to 64 (OAP-B) | Disabled Individuals to 59 (AND/AB) | Disabled Buy-in | Categorically Eligible Low-Income Adults (AFDC-A) | Expansion Adults to 60% FPL | Expansion Adults to 133% FPL | Adults without Dependent Children (AwDC) | Breast & Cervical Cancer Program | Eligible Children (AFDC-C/BC) | Foster Care | Baby Care Program-Adults | Non-Citizens Emergency Services | Partial Dual Eligibles | TOTAL |
|------------------------------------------------|------------------------------------|-----------------------------------------|--------------------------------------------|------------------------|----------------------------------------------------------|------------------------------------|-------------------------------------|-------------------------------------------------|---------------------------------------------|--------------------------------------|---------------------|---------------------------------|----------------------------------------|-------------------------------|------------------------|
| Acute Care | \$119,042,762 | \$90,791,988 | \$615,282,662 | \$35,111,291 | \$325,421,183 | \$97,074,345 | \$190,642,301 | \$1,050,636,080 | \$0 | \$648,005,705 | \$59,425,179 | \$94,234,521 | \$56,674,432 | \$12,230,823 | \$3,394,573,272 |
| Community Based Long-Term Care | | | | | | | | | | | | | | | |
| <i>Base CBLTC</i> | \$176,102,733 | \$34,879,043 | \$200,715,361 | \$66,785 | \$11,384 | \$12,436 | \$55,868 | \$10,881 | \$0 | \$23,900 | \$97,172 | \$0 | \$0 | \$310,817 | \$412,286,380 |
| <i>Hospice</i> | \$33,833,972 | \$3,326,614 | \$6,983,905 | \$491,966 | \$137,739 | \$64,797 | \$148,524 | \$1,970,171 | \$0 | \$44,989 | \$0 | \$0 | \$0 | \$50,780 | \$47,053,457 |
| <i>Private Duty Nursing</i> | \$3,373,707 | \$809,234 | \$35,922,994 | \$27,026 | \$0 | \$0 | \$0 | \$0 | \$0 | \$1,693,098 | \$11,783,266 | \$0 | \$0 | \$0 | \$53,609,325 |
| Subtotal CBLTC | \$213,310,412 | \$39,014,891 | \$243,622,260 | \$585,777 | \$149,123 | \$77,233 | \$204,392 | \$1,981,052 | \$0 | \$1,761,987 | \$11,880,438 | \$0 | \$0 | \$361,597 | \$512,949,162 |
| Long-Term Care | | | | | | | | | | | | | | | |
| <i>Class I Nursing Facilities</i> | \$447,335,813 | \$38,043,059 | \$83,932,257 | \$0 | \$0 | \$0 | \$0 | \$13,298 | \$0 | \$0 | \$0 | \$0 | \$0 | \$266,590 | \$569,591,017 |
| <i>Class II Nursing Facilities</i> | \$180,939 | \$729,869 | \$3,626,940 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$4,537,748 |
| <i>PACE</i> | \$125,950,551 | \$14,923,484 | \$7,032,991 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$147,907,026 |
| Subtotal Long-Term Care | \$573,467,303 | \$53,696,412 | \$94,592,188 | \$0 | \$0 | \$0 | \$0 | \$13,298 | \$0 | \$0 | \$0 | \$0 | \$0 | \$266,590 | \$722,035,791 |
| Insurance | | | | | | | | | | | | | | | |
| <i>Supplemental Medicare Insurance Benefit</i> | \$82,841,566 | \$5,424,996 | \$45,138,574 | \$0 | \$320,034 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$29,084,611 | \$162,809,781 |
| <i>Health Insurance Buy-In</i> | \$11,857 | \$6,784 | \$5,601,639 | \$0 | \$27,081 | \$0 | \$0 | \$0 | \$0 | \$21,798 | \$7,826 | \$0 | \$0 | \$0 | \$5,676,985 |
| Subtotal Insurance | \$82,853,423 | \$5,431,780 | \$50,740,213 | \$0 | \$347,115 | \$0 | \$0 | \$0 | \$0 | \$21,798 | \$7,826 | \$0 | \$0 | \$29,084,611 | \$168,486,766 |
| Service Management | | | | | | | | | | | | | | | |
| <i>Single Entry Points</i> | \$12,588,406 | \$3,438,585 | \$15,673,782 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$31,700,773 |
| <i>Disease Management</i> | \$36,488 | \$45,089 | \$318,115 | \$13,804 | \$305,067 | \$89,762 | \$118,445 | \$87,666 | \$0 | \$170,842 | \$57,930 | \$92,680 | \$1,085 | \$9,974 | \$1,346,947 |
| <i>Prepaid Inpatient Health Plan</i> | \$609,022 | \$815,904 | \$7,327,936 | \$120,898 | \$12,673,398 | \$5,604,665 | \$7,774,182 | \$8,018,393 | \$0 | \$61,110,760 | \$2,922,439 | \$918,446 | \$0 | \$0 | \$107,896,043 |
| Subtotal Service Management | \$13,233,916 | \$4,299,578 | \$23,319,833 | \$134,702 | \$12,978,465 | \$5,694,427 | \$7,892,627 | \$8,106,059 | \$0 | \$61,281,602 | \$2,980,369 | \$1,011,126 | \$1,085 | \$9,974 | \$140,943,763 |
| Medical Services Total | \$1,001,907,816 | \$193,234,649 | \$1,027,557,156 | \$35,831,770 | \$338,895,886 | \$102,846,005 | \$198,739,320 | \$1,060,736,489 | \$0 | \$711,071,092 | \$74,293,812 | \$95,245,647 | \$56,675,517 | \$41,953,595 | \$4,938,988,754 |
| Caseload | 43,962 | 10,944 | 69,306 | 3,248 | 89,201 | 35,620 | 69,266 | 186,523 | - | 461,736 | 18,449 | 10,129 | 2,782 | 27,705 | 1,028,871 |
| Medical Services Per Capita | \$22,790.31 | \$17,656.67 | \$14,826.38 | \$11,031.95 | \$3,799.24 | \$2,887.31 | \$2,869.22 | \$5,686.89 | \$0.00 | \$1,539.99 | \$4,026.98 | \$9,403.26 | \$20,372.22 | \$1,514.30 | \$4,800.40 |
| Financing | \$179,757,902 | \$34,669,313 | \$184,359,795 | \$6,428,779 | \$60,803,212 | \$18,452,179 | \$35,656,936 | \$190,312,685 | \$0 | \$127,577,254 | \$13,329,470 | \$17,088,556 | \$10,168,472 | \$7,527,130 | \$886,131,683 |
| Grand Total Medical Services Premiums | \$1,181,665,718 | \$227,903,962 | \$1,211,916,951 | \$42,260,549 | \$399,699,098 | \$121,298,184 | \$234,396,256 | \$1,251,049,174 | \$0 | \$838,648,346 | \$87,623,282 | \$112,334,203 | \$66,843,989 | \$49,480,725 | \$5,825,120,437 |
| Total Per Capita | \$26,879.25 | \$20,824.56 | \$17,486.47 | \$13,011.25 | \$4,480.88 | \$3,405.34 | \$3,384.00 | \$6,707.21 | \$0.00 | \$1,816.29 | \$4,749.49 | \$11,090.35 | \$24,027.31 | \$1,785.99 | \$5,661.66 |

Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2013-14

| Item | Long Bill and Special Bills | R-1 Request (November 2013) | Difference from Appropriation | Description of Difference from Appropriation | Department Source |
|-------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------------------------------------------------|-------------------|
| Acute Care | | | | | |
| Base Acute Cost | \$2,160,527,054 | \$2,643,042,796 | \$482,515,742 | | Exhibit F |
| <i>Bottom Line Impacts</i> | | | | | |
| SB 10-117 OTC MEDS | (\$149,755) | \$0 | \$149,755 | Savings Shifted From Prior Year Due to Implementation Timing | Exhibit F |
| Physicians to 100% of Medicare: 100% Federally Funded Portion | \$10,397,552 | \$31,305,493 | \$20,907,941 | Significantly Higher Volume of Code Utilization for Applicable Services | Exhibit F |
| Physicians to 100% of Medicare: GF and FF Portion Due to Rate Decreases Since 2009 | \$2,560,873 | \$1,768,437 | (\$792,436) | Significantly Higher Volume of Code Utilization for Applicable Services | Exhibit F |
| Accountable Care Collaborative Savings | (\$23,753,345) | (\$34,157,154) | (\$10,403,809) | Anticipated Program Expansion | Exhibit F |
| FY 2010-11 BRI-1: "Client Overutilization" | (\$789,331) | (\$591,998) | \$197,333 | Savings Shifted From Prior Year Due to Implementation Timing | Exhibit F |
| FY 2011-12 BA-9: "Limit Physical and Occupational Therapy" | (\$555,067) | \$0 | \$555,067 | Savings Shifted From Prior Year Due to Implementation Timing | Exhibit F |
| Estimated Impact of Increasing PACE Enrollment | (\$2,680,144) | (\$1,965,656) | \$714,488 | Increasing Enrollment in PACE Program | Exhibit F |
| Annualization of SB 10-167: "Colorado False Claims Act - RX COB" | \$0 | \$0 | \$0 | | Exhibit F |
| Annualization of SB 10-167: "Colorado False Claims Act - HIBI" | (\$4,409,106) | (\$1,932,762) | \$2,476,344 | Savings Shifted From Prior Year Due to Implementation Timing | Exhibit F |
| Annualization of SB 10-167: "Colorado False Claims Act - NCCI" | \$0 | (\$629,100) | (\$629,100) | Savings Shifted From Prior Year Due to Implementation Timing | Exhibit F |
| Colorado Choice Transitions | \$128,130 | \$56,947 | (\$71,183) | Savings Shifted From Prior Year Due to Implementation Timing | Exhibit F |
| FY 2012-13 R-6: "Dental Efficiency" | (\$1,449,199) | (\$1,449,199) | \$0 | Savings Shifted From Prior Year Due to Implementation Timing | Exhibit F |
| FY 2012-13 R-6: "Augmentative Communication Devices" | (\$492,000) | (\$369,000) | \$123,000 | Savings Shifted From Prior Year Due to Implementation Timing | Exhibit F |
| FY 2012-13 R-6: "Pharmacy Rate Methodology Transition" | \$0 | (\$8,166,667) | (\$8,166,667) | | Exhibit F |
| FY 2012-13 R-5: "ACC Gainsharing" | (\$12,369,678) | (\$2,802,007) | \$9,567,671 | Revised Estimates, includes FQHC/RHC and BHO Gainsharing | Exhibit F |
| Presumptive Eligibility Settlement | \$0 | (\$3,075,000) | (\$3,075,000) | One-time Settlement | Exhibit F |
| 53 Pay Periods in FY 2013-14 | \$32,659,616 | \$32,659,616 | \$0 | Adjustment Added for Additional Pay Period in FY 2013-14 | Exhibit F |
| SB 11-008: "Aligning Medicaid Eligibility for Children" | (\$4,954,426) | (\$12,001,745) | (\$7,047,319) | Revised Per Capita Estimates - Increased Caseload | Exhibit F |
| FY 2013-14 R-7: "Substance Abuse Disorder Benefit" | \$415,440 | \$415,440 | \$0 | | Exhibit F |
| FY 2013-14 R-9: "Dental ASO for Children" | (\$576,072) | (\$576,072) | \$0 | | Exhibit F |
| FY 2013-14 R-13: "2% Provider Rate Increase" | \$57,507,296 | \$47,899,071 | (\$9,608,225) | JBC Additional Rate Increase | Exhibit F |
| SB 13-242: "Adult Dental Benefit" | \$32,858,915 | \$32,858,915 | \$0 | | Exhibit F |
| SB 13-200: "Medicaid Expansion Adjustment" | \$274,743,117 | (\$162,258,122) | (\$437,001,239) | Technical Adjustment | Exhibit F |
| Preventive Services | \$0 | \$646,789 | \$646,789 | Implementation of Section | Exhibit F |
| NEMT Utilization Adjustment in Contract | \$0 | \$3,000,000 | \$3,000,000 | Higher than Expected Utilization | Exhibit F |
| Fluoride Benefit Expansion for Children | \$0 | \$315,385 | \$315,385 | New Policy | Exhibit F |
| | | | | | |
| Total Acute Care | \$2,519,619,870 | \$2,563,994,407 | \$44,374,537 | | |
| | | | | | |
| Community Based Long-Term Care | | | | | |
| Base CBLTC Cost | \$397,839,926 | \$408,212,901 | \$10,372,975 | | Exhibit G |
| <i>Bottom Line Impacts</i> | | | | | |
| Annualization of HB 09-1047 "Alternative Therapies for Clients with Spinal Cord Injuries" | (\$14,305) | (\$14,305) | \$0 | | Exhibit G |
| Annualization of SB 12-159 "Evaluate Children With Autism Waiver" | \$0 | \$6,925 | \$6,925 | Implementation Shifted Out a Year | Exhibit G |
| Adjustment of 53 Pay Periods | \$4,897,511 | \$4,897,511 | \$0 | Adjustment Added to Account for Additional Pay Period in FY 2013-14 | Exhibit G |
| Colorado Choice Transitions | \$3,511,230 | \$1,130,547 | (\$2,380,683) | Delayed Implementation Shifted Costs Between Fiscal Years | Exhibit G |
| CLLI Audit Recommendations | \$415,615 | \$256,780 | (\$158,835) | Delayed Implementation Shifted Costs Between Fiscal Years | Exhibit G |
| 8.26% Rate Adjustment | \$0 | \$26,328,547 | \$26,328,547 | JBC Additional Rate Increase | Exhibit G |
| | | | | | |
| Total Community Based Long-Term Care | \$401,621,950 | \$440,818,906 | \$39,196,956 | | |

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2013-14**

| Item | Long Bill and Special Bills | R-1 Request (November 2013) | Difference from Appropriation | Description of Difference from Appropriation | Department Source |
|----------------------------------------------------------------------------------|-----------------------------|-----------------------------|-------------------------------|---------------------------------------------------------------------|-------------------|
| Long-Term Care and Insurance | | | | | |
| <i>Class I Nursing Facilities</i> | | | | | |
| Base Class I Nursing Facility Cost | \$572,952,121 | \$552,655,265 | (\$20,296,856) | | Exhibit H |
| <i>Bottom Line Impacts</i> | | | | | |
| Hospital Back Up Program | \$4,571,186 | \$4,878,895 | \$307,709 | Revised Forecast | Exhibit H |
| Recoveries from Department Overpayment Review | (\$2,218,264) | (\$1,600,000) | \$618,264 | Revised Forecast | Exhibit H |
| Savings from days incurred in FY 2012-13 and paid in FY 2013-14 under HB 12-1340 | (\$739,092) | (\$704,843) | \$34,249 | Cash Flow Adjustment | Exhibit H |
| HB 13-1152 1.5% permanent rate reduction effective July 1, 2013 | \$0 | (\$9,410,173) | (\$9,410,173) | New Policy | Exhibit H |
| Colorado Choice Transitions | (\$3,889,710) | (\$1,293,544) | \$2,596,166 | Delayed Implementation Shifted Costs Between Fiscal Years | Exhibit H |
| Estimated Expenditure from Additional Payment Cycle | \$6,630,823 | \$6,416,113 | (\$214,710) | Adjustment Added to Account for Additional Pay Period in FY 2013-14 | Exhibit H |
| Total Class I Nursing Facilities | \$577,832,319 | \$550,941,713 | (\$26,890,606) | | |
| <i>Class II Nursing Facilities</i> | | | | | |
| Base Class II Nursing Facilities Cost | \$4,721,954 | \$4,368,568 | (\$353,386) | | Exhibit H |
| <i>Bottom Line Impacts</i> | | | | | |
| Total Class II Nursing Facilities | \$4,721,954 | \$4,368,568 | (\$353,386) | | |
| <i>Program of All Inclusive Care for the Elderly (PACE)</i> | | | | | |
| Base PACE Cost | \$125,586,211 | \$115,448,268 | (\$10,137,943) | | Exhibit H |
| <i>Bottom Line Impacts</i> | | | | | |
| Total Program of All-Inclusive Care for the Elderly | \$125,586,211 | \$115,448,268 | (\$10,137,943) | | |
| <i>Supplemental Medicare Insurance Benefit (SMIB)</i> | | | | | |
| Base SMIB Cost | \$133,862,139 | \$132,946,522 | (\$915,617) | | Exhibit H |
| <i>Bottom Line Impacts</i> | | | | | |
| Total Supplemental Medicare Insurance Benefit | \$133,862,139 | \$132,946,522 | (\$915,617) | | |
| <i>Health Insurance Buy-In Program (HIBI)</i> | | | | | |
| Base HIBI Cost | \$5,806,530 | \$1,978,796 | (\$3,827,734) | | Exhibit H |
| <i>Bottom Line Impacts</i> | | | | | |
| SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment | \$369,325 | \$267,795 | (\$101,530) | Delayed Program Implementation | Exhibit H |
| SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment | \$2,073,287 | \$708,640 | (\$1,364,647) | Delayed Program Implementation | Exhibit H |
| Total Health Insurance Buy-In Program | \$6,175,855 | \$2,246,591 | (\$3,929,264) | | |
| Total Long-Term Care and Insurance | \$848,178,478 | \$805,951,662 | (\$42,226,816) | | |
| Service Management | | | | | |
| <i>Single Entry Points (SEP)</i> | | | | | |
| Single Entry Points (SEP) Base | \$28,279,251 | \$28,386,249 | \$106,998 | | Exhibit I |
| <i>Bottom Line Impacts</i> | | | | | |
| 2% Rate Increase | \$0 | \$567,726 | \$567,726 | JBC Additional Rate Increase | Exhibit I |
| Total Single Entry Points | \$28,279,251 | \$28,953,975 | \$674,724 | | |
| <i>Disease Management</i> | | | | | |
| Base Disease Management | \$0 | \$957,110 | \$957,110 | | Exhibit I |
| <i>Bottom Line Impacts</i> | | | | | |
| Smoking Quit line | \$1,185,736 | \$323,930 | (\$861,806) | | Exhibit I |
| Total Disease Management | \$1,185,736 | \$1,281,040 | \$95,304 | | |
| <i>Prepaid Inpatient Health Plan Administration</i> | | | | | |
| Estimated FY 2010-11 Base Expenditures | \$64,145,931 | \$77,601,529 | \$13,455,598 | | Exhibit I |
| <i>Bottom Line Impacts</i> | | | | | |
| Estimated Contract Payment to PIHP for Cost Avoidance | \$1,267,864 | \$1,267,864 | \$0 | | Exhibit I |
| Total Prepaid Inpatient Health Plan Administration | \$65,413,795 | \$78,869,393 | \$13,455,598 | | |
| Total Service Management | \$94,878,782 | \$109,104,408 | \$14,225,626 | | |

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2013-14**

| Item | Long Bill and Special Bills | R-1 Request (November 2013) | Difference from Appropriation | Description of Difference from Appropriation | Department Source |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------|----------------------------------|----------------------------------------------|-------------------|
| Grand Total Services | \$3,864,299,080 | \$3,919,869,383 | \$55,570,303 | | |
| Bottom Line Financing | | | | | |
| Upper Payment Limit Financing | \$5,162,991 | \$6,129,709 | \$966,718 | | Exhibit K |
| Department Recoveries Adjustment | \$0 | \$0 | \$0 | | Exhibit A |
| Denver Health Outstationing | \$14,066,357 | \$6,964,536 | (\$7,101,821) | | Exhibit A |
| Hospital Provider Fee Supplemental Payments | \$683,597,029 | \$683,597,029 | \$0 | | Exhibit J |
| Nursing Facility Provider Fee Supplemental Payments | \$86,274,152 | \$88,633,218 | \$2,359,066 | | Exhibit H |
| Physician Supplemental Payments | \$11,240,250 | \$13,483,709 | \$2,243,459 | | Exhibit A |
| Memorial Hospital High Volume Supplemental Payments | \$2,185,018 | \$555,237 | (\$1,629,781) | | Exhibit A |
| Cash Funds Financing | \$0 | \$0 | \$0 | | Exhibit A |
| Intergovernmental Transfer for Difficult to Discharge Clients | \$70,000,000 | \$70,000,000 | \$0 | | |
| Total Bottom Line Financing | \$872,525,797 | \$869,363,438 | (\$3,162,359) | | |
| | | | | | |
| Grand Total⁽¹⁾ | \$4,736,824,877 | \$4,789,232,821 | \$52,407,944 | | |
| Total Acute Care | \$2,519,619,870 | \$2,563,994,407 | \$44,374,537 | | |
| Total Community Based Long-Term Care | \$401,621,950 | \$440,818,906 | \$39,196,956 | | |
| Total Class I Nursing Facilities | \$577,832,319 | \$550,941,713 | (\$26,890,606) | | |
| Total Class II Nursing Facilities | \$4,721,954 | \$4,368,568 | (\$353,386) | | |
| Total Program of All-Inclusive Care for the Elderly | \$125,586,211 | \$115,448,268 | (\$10,137,943) | | |
| Total Supplemental Medicare Insurance Benefit | \$133,862,139 | \$132,946,522 | (\$915,617) | | |
| Total Health Insurance Buy-In Program | \$6,175,855 | \$2,246,591 | (\$3,929,264) | | |
| Total Single Entry Point | \$28,279,251 | \$28,953,975 | \$674,724 | | |
| Total Disease Management | \$1,185,736 | \$1,281,040 | \$95,304 | | |
| Total Prepaid Inpatient Health Plan Administration | \$65,413,795 | \$78,869,393 | \$13,455,598 | | |
| Total Bottom Line Financing | \$872,525,797 | \$869,363,438 | (\$3,162,359) | | |
| Grand Total⁽¹⁾ | \$4,736,824,877 | \$4,789,232,821 | \$52,407,944 | | |
| Footnotes | | | | | |
| (1) The Department Request is the sum of all the pieces in this document and comprises the summation of this Budget Request for Medical Services Premiums. This total matches the totals presented in Exhibit A of this Request. | | | | | |

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2014-15**

| Item | Base Spending Authority | R-1 Request (November 2013) | Difference | Description of Difference from Base Request |
|------------------------------------------------------------------------------------|-------------------------|--------------------------------|---------------------|-------------------------------------------------------------------------|
| Acute Care | | | | |
| Base Acute Cost | \$3,233,558,541 | \$3,255,475,777 | \$21,917,236 | Increasing Caseload and Per Capita Costs |
| <i>Bottom Line Impacts</i> | | | | |
| Physicians to 100% of Medicare: 100% Federally Funded Portion | \$21,730,242 | (\$9,575,251) | (\$31,305,493) | Significantly Higher Volume of Code Utilization for Applicable Services |
| Physicians to 100% of Medicare: GF and FF Portion Due to Rate Decreases Since 2009 | \$0 | (\$1,768,437) | (\$1,768,437) | Significantly Higher Volume of Code Utilization for Applicable Services |
| Accountable Care Collaborative Savings | (\$56,683,465) | (\$22,526,311) | \$34,157,154 | Anticipated Program Expansion |
| FY 2010-11 BRI-1: "Client Overutilization" | (\$789,331) | (\$197,333) | \$591,998 | Savings Shifted From Prior Year Due to Implementation Timing |
| FY 2011-12 BA-9: "Limit Physical and Occupational Therapy" | (\$277,534) | (\$277,534) | \$0 | |
| Estimated Impact of Increasing PACE Enrollment | (\$4,586,836) | (\$2,621,180) | \$1,965,656 | Increasing Enrollment in PACE Program |
| Annualization of SB 10-167: "Colorado False Claims Act - HIBI" | (\$3,865,524) | (\$1,932,762) | \$1,932,762 | Savings Shifted From Prior Year Due to Implementation Timing |
| Colorado Choice Transitions | \$248,125 | \$191,178 | (\$56,947) | Delayed Implementation |
| FY 2012-13 R-6: "Augmentative Communication Devices" | (\$492,000) | (\$123,000) | \$369,000 | Savings Shifted From Prior Year Due to Implementation Timing |
| FY 2012-13 R-5: "ACC Gainsharing" | (\$4,203,011) | (\$1,401,004) | \$2,802,007 | Revised Estimates, includes FQHC/RHC and BHO Gainsharing |
| 53 Pay Periods in FY 2013-14 | (\$4,897,511) | (\$37,557,127) | (\$32,659,616) | Adjustment Added for Additional Pay Period in FY 2013-14 |
| FY 2013-14 R#7: "Substance Use Disorder Benefit" | (\$1,070,542) | (\$1,485,982) | (\$415,440) | Savings Shifted From Prior Year Due to Implementation Timing |
| FY 2013-14 R#9: "Dental ASO for Children" | (\$576,072) | \$0 | \$576,072 | Savings Shifted From Prior Year Due to Implementation Timing |
| FY 2013-14 R#13: "2% Provider Rate Increase" | \$52,422,254 | \$4,523,183 | (\$47,899,071) | Implementation Timing - Annualization |
| SB 13-242: "Adult Dental Benefit" | \$86,207,397 | \$53,348,482 | (\$32,858,915) | Implementation Timing - Annualization |
| SB 13-200: "Medicaid Expansion Adjustment" | (\$214,393,571) | (\$52,135,449) | \$162,258,122 | Savings Shifted From Prior Year Due to Implementation Timing |
| Preventive Services | \$1,293,578 | \$646,789 | (\$646,789) | Implementation Timing - Annualization |
| Fluoride Benefit Expansion for Children | \$630,770 | \$315,385 | (\$315,385) | Implementation Timing - Annualization |
| | | | | |
| Total Acute Care | \$3,104,255,510 | \$3,182,899,424 | \$78,643,914 | |
| | | | | |
| Community Based Long-Term Care | | | | |
| Base CBLTC Cost | \$366,673,911 | \$471,419,746 | \$104,745,835 | |
| <i>Bottom Line Impacts</i> | | | | |
| Annualization of Adjustment for 53 Pay Periods in FY 2013-14 | \$0 | (\$4,897,511) | (\$4,897,511) | Adjustment Added for Additional Pay Period in FY 2013-14 |
| Colorado Choice Transitions | \$5,280,257 | \$4,149,710 | (\$1,130,547) | Delayed Implementation |
| Annualization of CLLI Audit Recommendations | \$770,340 | \$513,560 | (\$256,780) | Implementation Timing - Annualization |
| Annualization of 8.26% Rate Adjustment | \$28,897,442 | \$2,568,895 | (\$26,328,547) | Implementation Timing - Annualization |
| | | | | |
| Total Community Based Long-Term Care | \$401,621,950 | \$473,754,400 | \$72,132,450 | |

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2014-15**

| Item | Base Spending Authority | R-1 Request (November 2013) | Difference | Description of Difference from Base Request |
|----------------------------------------------------------------------------------|-------------------------|--------------------------------|-----------------------|---------------------------------------------|
| Long-Term Care and Insurance | | | | |
| <i>Class I Nursing Facilities</i> | | | | |
| Base Class I Nursing Facility Cost | \$598,228,406 | \$569,246,631 | (\$28,981,775) | |
| <i>Bottom Line Impacts</i> | | | | |
| Hospital Back Up Program | \$10,434,493 | \$5,555,598 | (\$4,878,895) | Revised Forecast |
| Recoveries from Department Overpayment Review | (\$3,258,080) | (\$1,658,080) | \$1,600,000 | Revised Forecast |
| Savings from days incurred in FY 2013-14 and paid in FY 2014-15 under HB 13-1152 | (\$1,418,578) | (\$713,735) | \$704,843 | Cash Flow Adjustment |
| HB 13-1152 1.5% permanent rate reduction effective July 1, 2013 | (\$19,076,405) | (\$9,666,232) | \$9,410,173 | Policy Adjustment |
| Colorado Choice Transitions | (\$7,077,517) | (\$5,783,973) | \$1,293,544 | Delayed Implementation |
| Total Class I Nursing Facilities | \$577,832,319 | \$556,980,209 | (\$20,852,110) | |
| <i>Class II Nursing Facilities</i> | | | | |
| Base Class II Nursing Facilities | \$4,721,954 | \$4,452,321 | (\$269,633) | |
| <i>Bottom Line Impacts</i> | | | | |
| Total Class II Nursing Facilities | \$4,721,954 | \$4,452,321 | (\$269,633) | |
| <i>Program of All Inclusive Care for the Elderly (PACE)</i> | | | | |
| Base PACE Cost | \$125,586,211 | \$131,409,787 | \$5,823,576 | |
| <i>Bottom Line Impacts</i> | | | | |
| Total Program of All-Inclusive Care for the Elderly | \$125,586,211 | \$131,409,787 | \$5,823,576 | |
| <i>Supplemental Medicare Insurance Benefit (SMIB)</i> | | | | |
| Base SMIB | \$133,862,139 | \$147,186,884 | \$13,324,745 | |
| <i>Bottom Line Impacts</i> | | | | |
| Total Supplemental Medicare Insurance Benefit | \$133,862,139 | \$147,186,884 | \$13,324,745 | |
| <i>Health Insurance Buy-In Program (HIBI)</i> | | | | |
| Base HIBI Cost | \$6,175,855 | \$5,189,674 | (\$986,181) | |
| <i>Bottom Line Impacts</i> | | | | |
| Total Health Insurance Buy-In Program | \$6,175,855 | \$5,189,674 | (\$986,181) | |
| Total Long-Term Care and Insurance | \$848,178,478 | \$845,218,875 | (\$2,959,603) | |
| Service Management | | | | |
| <i>Single Entry Points (SEP)</i> | | | | |
| FY 2012-13 Base Contracts | \$28,279,251 | \$30,326,331 | \$2,047,080 | |
| <i>Bottom Line Impacts</i> | | | | |
| Total Single Entry Points | \$28,279,251 | \$30,326,331 | \$2,047,080 | |
| <i>Disease Management</i> | | | | |
| Base Disease Management | \$1,185,736 | \$1,280,849 | \$95,113 | |
| <i>Bottom Line Impacts</i> | | | | |
| Total Disease Management | \$1,185,736 | \$1,280,849 | \$95,113 | |
| <i>Prepaid Inpatient Health Plan Administration</i> | | | | |
| Estimated FY 2010-11 Base Expenditures | \$65,413,795 | \$88,750,379 | \$23,336,584 | |
| <i>Bottom Line Impacts</i> | | | | |
| Total Prepaid Inpatient Health Plan Administration | \$65,413,795 | \$88,750,379 | \$23,336,584 | |
| Total Service Management | \$94,878,782 | \$120,357,559 | \$25,478,777 | |

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2014-15**

| Item | Base Spending Authority | R-1 Request (November 2013) | Difference | Description of Difference from Base Request |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|----------------------|---------------------------------------------|
| Grand Total Services | \$4,448,934,720 | \$4,622,230,258 | \$173,295,538 | |
| Bottom Line Financing | | | | |
| Upper Payment Limit Financing | \$5,162,991 | \$6,366,903 | \$1,203,912 | Revised Forecast |
| Department Recoveries Adjustment | \$0 | \$0 | \$0 | |
| Denver Health Outstationing | \$14,066,357 | \$6,964,536 | (\$7,101,821) | Revised Forecast |
| Hospital Provider Fee Supplemental Payments | \$683,597,029 | \$693,330,144 | \$9,733,115 | Revised Forecast |
| Nursing Facility Provider Fee Supplemental Payments | \$86,274,152 | \$91,850,604 | \$5,576,452 | Revised Forecast |
| Physician Supplemental Payments | \$11,240,250 | \$13,483,709 | \$2,243,459 | Revised Forecast |
| Memorial Hospital High Volume Supplemental Payments | \$2,185,018 | \$555,237 | (\$1,629,781) | Revised Forecast |
| Intergovernmental Transfer for Difficult to Discharge Clients | \$70,000,000 | \$70,000,000 | \$0 | |
| Cash Funds Financing ⁽¹⁾ | \$0 | \$0 | \$0 | |
| Total Bottom Line Financing | \$872,525,797 | \$882,551,133 | \$10,025,336 | |
| Grand Total⁽²⁾ | \$5,321,460,517 | \$5,504,781,391 | \$183,320,874 | |
| Total Acute Care | \$3,104,255,510 | \$3,182,899,424 | \$78,643,914 | |
| Total Community Based Long-Term Care | \$401,621,950 | \$473,754,400 | \$72,132,450 | |
| Total Class I Nursing Facilities | \$577,832,319 | \$556,980,209 | (\$20,852,110) | |
| Total Class II Nursing Facilities | \$4,721,954 | \$4,452,321 | (\$269,633) | |
| Total Program of All-Inclusive Care for the Elderly | \$125,586,211 | \$131,409,787 | \$5,823,576 | |
| Total Supplemental Medicare Insurance Benefit | \$133,862,139 | \$147,186,884 | \$13,324,745 | |
| Total Health Insurance Buy-In Program | \$6,175,855 | \$5,189,674 | (\$986,181) | |
| Total Single Entry Point | \$28,279,251 | \$30,326,331 | \$2,047,080 | |
| Total Disease Management | \$1,185,736 | \$1,280,849 | \$95,113 | |
| Total Prepaid Inpatient Health Plan Administration | \$65,413,795 | \$88,750,379 | \$23,336,584 | |
| Total Bottom Line Financing | \$872,525,797 | \$882,551,133 | \$10,025,336 | |
| Rounding Adjustment | \$0 | \$0 | \$0 | |
| Grand Total⁽²⁾ | \$5,321,460,517 | \$5,504,781,391 | \$183,320,874 | |
| Footnotes | | | | |
| (1) The Department has not received a FY 2014-15 appropriation as of this Budget Request. No annualizations are included. | | | | |
| (2) The Department Request is the sum of all the pieces in this document and comprises the summation of this Budget Request for Medical Services Premiums. This total matches the totals presented on the Schedule 13 and Exhibit A of this Request. | | | | |